


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90019 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000097256**

1. Corporation Name

**SFE EUROVISION INC.**

Principal Place of Business

4232 MCINTOSH LANE  
SARASOTA FL 34232

Mailing Address

4232 MCINTOSH LANE  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

65-0883888

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be

Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

GARDI, LES CPA  
7031 S. TAMiami TR.  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETEB/Director  
Stefan Bueso  
4232 McIntosh Lane  
Sarasota FL 34232TITLE NAME ☐ DELETEV/P Director  
Frank Pecher  
4232 McIntosh Lane  
Sarasota FL 34232TITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETETITLE NAME ☐ DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/98)